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Dear Clients:

Due to the high volume of default payments and increase in having to spend an inordinate amount of time on collection all clients are required to leave some form of collateral. An active credit card number with expiration date and authorization code is preferred.

The card will **not** be charged **unless there is a default in payment**, which includes a missed appointment or balance due. Reminder that a missed appointment that is charged is not the copay or coinsurance; it is the **full session** amount.

For those who do not have a credit card or debit card, a check will be acceptable, though not preferred.

If you close the account used as collateral you must notify Dr. Allender and provide another form of collateral.

I understand that if there is a default in payment including a missed appointment or balance due that my credit or debit card will be charged for the full amount of the missed session or the full amount of the balance due including finance charges. If I have chosen to leave a check instead of a credit/debit card I understand the check will be cashed under the same circumstances. I am an authorized user of this account.

Visa MasterCard Discover Debit Check (circle one)

Credit Card # _____

Expiration Date: _____ 3 Digit authorization code _____ DOB: _____

Name on credit card: _____

Full address linked to credit card: _____

Phone number of cardholder: _____

Email for receipt: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____